

TABE Training
First Evaluation
(To be completed by trainees on the day of training)

Training completion date: _____

1. Did this training assist you in understanding the purpose of the TABE?
☐ Yes ☐ No

The purpose of the TABE is: _____

2. Will this training assist you in properly administering the TABE?
☐ Yes ☐ No ☐ N/A

3. Is there anything that you will change when administering the TABE?
☐ Yes ☐ No ☐ N/A

If yes, what will you change? _____

4. Will this training assist you in designing effective instruction for ABE students?
☐ Yes ☐ No ☐ N/A

If yes, how? _____

5. What are some supports that you will have as you incorporate this training into your daily practice?

6. What are some barriers that you will have as you incorporate this training into your daily practice? How could you address these barriers?

7. In what way(s) was the training most effective? _____

8. In what way(s) could the training be improved? _____
